

**MEDICAL CARE ADVISORY COMMITTEE  
PUBLIC HEARING – FY 2014 BUDGET**

Minutes of the June 21, 2012 Public Hearing

**IN ATTENDANCE**

**PRESENT:** Gerald R. Petersen, Lincoln Nehring, Janida Emerson for LaVal B. Jensen, Michelle McOmber, Warren Walker, Mauricio Agramont, Kevin Burt, Pasu Pasupathi, Michael Hales

**EXCUSED:** E. David Ward, LaVal B. Jensen, Russ Elbel, Tina Persels

**ABSENT:** LaPriel Clark, Judi Hilman, Jason J. Horgesheimer, Mark E. Ward, Rebecca Glather

**STAFF:** John Curless, Jeff Nelson, Tracy Luoma, Craig Devashrayee, Emma Chacon, Eric Grant, Tad Purser, Nate Checketts, Kolbi Young, Gayle Coombs

**VISITORS:** Sheila Walsh-McDonald, Kris Fawson, Joyce Dolcourt, Amy Bingham, Kristen Chapman

**1. Welcome – Gerald Petersen**

Chairman Petersen called the meeting to order at 4:05 p.m.

**2. MCAC Business – Gerald Petersen**

**Approve Minutes for the May 17, 2012 MCAC Meeting**

Chairman Petersen said we did not have enough members present right now to officially approve the minutes from the last meeting.

Now that there were enough members present, Chairman Petersen asked if there were any comments on the minutes from the last meeting. Michelle McOmber made the motion to approve the minutes and the motion was seconded. Everyone agreed and the minutes were approved as written.

**3. Public Testimony – Public**

**Medicaid Budget Hearing for Fiscal Year 2014**

The time was then turned over for public comments.

**First Speaker – Joyce Dolcourt**

Joyce then gave public testimony in regard to the Medicaid budget for FY 2014 building block. She passed out a document to everyone from the Legislative Coalition for People with Disabilities (LCPD) in regard to Medicaid Budget for FY 2014 Building Block Recommendations. She then went over the different items in the document which included the following restoration for optional services and building blocks:

- Transition Program
- Optional Services, including Audiology and Eyeglasses and Adult Dental Services
- Replacement of One-Time Funding
- Mandatory Additional Services
- DCFS Age-Out
- Waiting List
- Service Provider Rate Increase

### **Second Speaker – Kris Fawson**

Kris then gave public testimony in regard to looking for some Health reform and passed out a document in regard to this. She discussed some areas they would like to explore with the Health Department in regard to Medicaid, which are as follows:

- Community First Choice Option
- The State Balancing Incentives Payment Program
- Money Follows the Person Demonstration Project
- Additional Funding for Aging and Disability Resource Centers
- Changes to Medicaid's 1915(i) Option for Home- and Community-Based Care
- Attendant Care Service
- Section O
- Housing Options
- Nursing Home Diversion
- Resources and Woodwork Effect

Kris told everyone she would like them to look at the document she passed out and give it some thought. She said this could have a big impact on the Medicaid budget this year.

### **Third Speaker – Lincoln Nehring**

Lincoln then discussed the Voices for Utah Children Wish List and passed out a document in regard to this. He said the Voices for Utah Children respectfully asks the Medical Care Advisory Committee to consider and recommend highly four building blocks that will greatly improve and simplify Utah's Medicaid and CHIP policy, reduce the number of children who churn on and off Utah's Medicaid and CHIP programs. The four building blocks are as follows:

1. 12-month continuous eligibility for children on Medicaid.
2. Removal of the asset test for children on Medicaid
3. Remove the 5-year waiting period for legal immigrant children
4. Automatic payment system for CHIP program

### **Fourth Speaker – Sheila Walsh-McDonald**

Sheila then discussed the health data breach. She said she is the Ombudsman for this. Sheila mentioned how they are looking at creating an advisory council to help with the breach and try to come up with some solutions in regard to this. She said she would like to hear from everyone in regard to any people they knew who were having problems in regard to the breach. Sheila said she would like to give all the members of the MCAC one of her cards so they

would be able to get in touch with her. She mentioned different things they are trying to do in regard to this, including helping people sign up for credit monitoring, etc.

Michael said he had mentioned this earlier in the meeting and asked what the time commitment would be for this committee. Sheila said it would be three to six months just like Michael said with monthly meetings.

#### **Fifth Speaker – Chairman Gerald Petersen**

Chairman Petersen then made some comments in regard to him being a provider in regard to some different things. He also discussed some things in regard to their pharmacy and things they have received from Medicaid. Michael explained how this came as a result of a Legislative audit finding to try and get more timely data on the actual cost of the medications we are paying for. He mentioned that the letters they sent out were asking for voluntary submission of information in regard to this. This is a voluntary compliance effort that we were using to kind of bridge the gap between where we were maybe a year or so ago until we got our new pharmacy point-of-sale system and have our current contract with Gold Health Systems in place where they give us more regular information on pharmaceutical pricing. John Curless said the letters were also sent out in response to some Legislative language in 2011. He said this was all totally voluntary. Michael mentioned that the pricing goes in both directions. He mentioned some different things they are looking at in regard to the pharmacy issues.

#### **Sixth Speaker – Michelle McOmber**

Michelle had a question on the budgetary process. She asked what is happening with providers' reimbursement when you are giving the money to the Managed Care organization. Michael said the same policy will apply to physicians, hospitals, and pharmacies. Michael mentioned this year physicians received a 2% increase and we are increasing our fee-for-service reimbursement, but historically we have always gone to the Managed Care contracts and told them to increase the same amount and put money in their budgets for that as well. Michael said we can't mandate that the ACO always passes the money along to the providers, but the money will be put into the ACO contract.

#### **Seventh Speaker – Mauricio Agramont**

Mauricio mentioned the concerns the Spanish community has in regard to Medicaid. He said the asset test is something that has really stopped a lot of these families from getting on Medicaid. Mauricio said the first five years after a family comes from another country is the hardest time they have and he feels they should not have to wait for five years before they can be on Medicaid. He said the help these families receive the first five years of when they come to this country is very important to them. Mauricio also mentioned how important dental services are for these people. He mentioned how a lot of these people end up with no teeth because they cannot get any dental help.

#### **4. New Rulemakings – Craig Devashrayee**

Craig then went over the DMHF Rules Matrix 6-21-12.

<b>Rule; (What It Does); Comments.</b>	<b>File</b>	<b>Effective</b>
<b>R414-1-5 Incorporations by Reference;</b> Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule both the definitions and the attachment for the Private Duty Nursing Acuity Grid found in the Home Health Agencies Provider Manual, and to implement by rule ongoing Medicaid policy for services described in the Utah Medicaid Provider Manual, Medical Supplies Manual and List; Hospital Services provider Manual; Speech-Language Services Provider Manual; Audiology Services Provider Manual; Hospice Care Provider	<b>3-29-12</b>	<b>5-24-12</b>

Manual; Long Term Care Services in Nursing Facilities Provider Manual; Personal Care Provider Manual; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Provider Manual; Utah Home and Community-Based Waiver Services New Choices Waiver Provider Manual; and Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Provider Manual (Updates to April 1, 2012).		
<b>R414-100 Medicaid Primary Care Network Services (Five-Year Review);</b> This rule is necessary because it spells out services available to PCN recipients and lists their cost sharing responsibilities.	5-14-12	5-14-12
<b>R414-200 Non-Traditional Medicaid Health Plan Services (Five-Year Review);</b> This rule is necessary because it spells out services available to NTM recipients and lists their cost sharing responsibilities.	5-14-12	5-14-12
<b>R414-501-2 Definitions;</b> This amendment updates the definition of what constitutes a “Significant Change” in a nursing facility resident to include a provision for mental illness or an intellectual disability or related condition.	5-14-12	7-9-12
<b>R414-503 Preadmission Screening and Resident Review (Repeal and Reenact);</b> The purpose of this change is to update and clarify Medicaid policy for health care professionals who perform preadmission evaluations and screenings for nursing facility admission.	5-14-12	7-9-12
<b>R414-310 Medicaid Primary Care Network Demonstration Waiver (Five-Year Review);</b> This rule is necessary because it implements the PCN Demonstration Waiver to provide services to PCN recipients. It is also necessary because it establishes eligibility requirements for waiver enrollment, specifies program rights and responsibilities, specifies service limitations, provides application procedures, and contains notice and termination provisions.	6-4-12	6-4-12

Kris Fawson had a question in regard to R414-501-2. Michael said that in the details it says that it is changing the administrative rule definition to reflect Medicaid policy on basically the preadmission screenings. Michael said it is really putting into administrative rule things that are already in our policy. He does not anticipate there will be a major change, just a formal adoption of that.

## 5. Director’s Report – Michael Hales

Michael Hales said the Department of Health has decided to convene an advisory group of people that would help participate or provide input to the response to the Ombudsman’s Office that we have newly created here within the Department of Health to make sure we are getting all of the perspectives of the people who have been impacted due to the security breach. He said Sheila Walsh-McDonald, who is the Ombudsman for health security, asked him to find some people who would like to be part of an advisory group to the Department in regard to the data breach. Michael asked the members to let them know if they would be interested in doing this or if they knew of anyone who would be interested in being part of this. Michael said the group would probably meet about once a month for the next three to six months. He said to either let him or Sheila know if they know of anyone who would be interested in being a part of this group. Michael explained some things people have been concerned about in regard to this. He said we want to be sure we get the full array of information of what is going on so we can help the public and so we can take the appropriate action.

Michael said the autism waiver has been completed. He said this will be submitted to the Federal government next week. He said we will be putting this in place sometime in the fall as expected. He said our Accountable Care Organization (ACO) working groups continue and the monthly meetings still continue. The next meeting for the large group is next Wednesday at 10:30 a.m. in Conference Room 129. Michael said they are still working towards a January 1<sup>st</sup> implementation of the conversion from the Managed Care contracts that are currently in place along the Wasatch Front to the Accountable Care Organization model.

Michael also mentioned the audit of Medicaid eligibility that was primarily focused on the eligibility processes. He mentioned some items that were directed to the Department of Health in regard to this. They are suggesting that the Department of Health move away more quickly from the printed eligibility card to a plastic card. Michael said we have been working on trying to get a smart card, which would be an electronic information imbedded card that we could use with the provider community. Michael mentioned the different things that are shown on the paper card that would not be able to be shown on a small plastic card. Michael said if we could get an electronically embedded information containing card, then that is what we are moving to. Michael said this is something they will

be working towards over the next year. Michael said one of the challenges will be to what extent we have the infrastructure in place for providers to be able to read those cards. Michael said this will be a policy consideration.

Michael explained how the information from this public hearing goes into different things within the Department of Health in regard to what building blocks we will be putting together for the next budget cycle. He said this is for supplemental funding for Fiscal Year 2013 and building block funding for the State of Utah for State fiscal year 2014. He said we are still waiting to see what will happen with the Affordable Care Act. Michael said there will be an expansion of Medicaid eligibility January 1, 2014. He mentioned different things they are looking at in regard to the upcoming budget.

**6. Other Business – Gerald Petersen**

Michael then mentioned how the budget issues will be voted on during the July MCAC Meeting.

There was no other business, so the meeting was adjourned at 5:00 p.m., but Michael said he would stay for a while in case anyone else showed up who wanted to give testimony.